

Montana Highway Patrol

AIDE OF THE YEAR - 2006

NOMINATED AID'S FULL NAME: _____

DATE OF BIRTH: ____/____/____

SCHOOL DISTRICT OR COMPANY: _____

BACKGROUND INFORMATION: (Total years of experience, total years employed as a school bus aide and any other related information).

FACTS AND SPECIFIC ACHIEVEMENTS: (Provide any information that will show why the nominee is deserving of the award. Additional pages may be used and attachments may be included to reinforce the nomination.)

LETTER OF NOMINATION SHOULD BE SIGNED BY THE PERSON OR PERSONS IN CHARGE OF TRANSPORTATION:

Signed by: _____ Date: ____/____/____

Position: _____

THE DISTRICT SUPERINTENDENT OR HIGHEST LEVEL OF ADMINISTRATION IN THE DISTRICT OR COMPANY SHOULD SIGN THIS FORM.

Signed by: _____ Date: ____/____/____

Position: _____

Return completed form by **May 15, 2006** to:

Maxine Mougeot, Transportation Director

Office of Public Instruction

PO Box 202501

Helena, MT 59620

Late nominations will not be considered.

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